



Supplemental Application Data Sheet

Application Information

Application Number:: 10/524,237
IA Filing Date:: August 4, 2003

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: DIAGNOSIS OF KIDNEY DAMAGE AND

PROTECTION AGAINST SAME

Attorney Docket Number:: KOPCHICK5A

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status::	Full Capacity
Given Name::	John
Middle Name::	J.
Family Name::	KOPCHICK
Name Suffix::	
City of Residence::	Athens
State or Province of Residence::	Ohio
Country of Residence::	United States
Street of Mailing Address::	4 Orchard Lane
City of Mailing Address::	Athens
State or Province of Mailing Address::	Ohio
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	45701
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Karen
Middle Name::	T.
Family Name::	COSCHIGANO
Name Suffix::	
City of Residence::	The Plains
State or Province of Residence::	Ohio
Country of Residence::	United States
Street of Mailing Address::	11703 Channingway Blvd.
City of Mailing Address::	The Plains
State or Province of Mailing Address::	Ohio
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	45780
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Amy
Middle Name::	N.

Family Name:: HOLLAND_WETZEL
Name Suffix::
City of Residence:: Wooster
State or Province of Residence:: Ohio
Country of Residence:: United States
Street of Mailing Address:: 2518 Cleveland Road
City of Mailing Address:: Wooster
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 44691

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
This Application	National Stage of	Application::	Date::
PCT/US2003/0240	Appln claiming benefit of 35 USC 119(e)	PCT/US2003/0240 53	08-04-03
53		60/400,052	08-02-02

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name:: Ohio University
Street of Mailing Address:: Technology Transfer Office, Unit 14, 340
West State Street
City of Mailing Address:: Athens
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 45701